## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 09/926094

|  |  | CLAIMS AS                                   | FILED -<br>(Column |                               | SMALL ENTITY TYPE            |                  | OR       | OTHER THAN<br>OR SMALL ENTITY |                         |          |                     |                         |
|--|--|---|--------------------|-------------------------------|------------------------------|------------------|----------|-------------------------------|-------------------------|----------|---------------------|-------------------------|
| TOTAL CLAIMS   |  |   |                    |                               |                              |                  |          | RATE                          | FEE                     | 1        | RATE                | FEE                     |
| FO   | R  |   | NUMBER FILED       |                               | NUMBER EXTRA                 |                  |          | BASIC FEE                     | 355.00                  | OR       | BASIC FEE           | -716.Bo                 |
| το   | TAL CHARGEA                                    | BLE CLAIMS                                  | 184 minus 20=      |                               | 164                          |                  |          | X\$ 9=                        |                         | OR       | X\$18=              | 2952                    |
| IND  | EPENDENT CL                                    | AIMS  | 3 minus 3 =        |                               | •                            |                  |          | X40=                          |                         | OR       | X80=                | 7, 34                   |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                    |                               |                              | U                |          | +135=                         |                         | OR       | +270=               | 270                     |
| * If the difference in column 1 is less than zero, ente  |  |   |                    |                               | r <b>"0"</b> in c            | olumn 2          | ı        | TOTAL                         |                         | OR       | TOTAL               |                         |
| (Column 1) (Column 2) (Column 3)   |  |   |                    |                               |                              |                  |          | SMALL E                       | ENTITY                  | OR       | OTHER<br>SMALL      |                         |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                    | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |          | RATE                          | ADDI-<br>TIONAL<br>\FEE |          | RATE                | ADDI-<br>TIONAL<br>/FEE |
|  | Total  | . 47  | Minus              | /                             |                              | =                |          | X\$ 9=                        |                         | OR       | X\$18=              |                         |
|  | Independent                                    | NTATION OF M                                | Minus              | *** (                         | 3                            | =                |          | X40≃                          |                         | OR       | X80= /              |                         |
| L  | PINST PHESE                                    | ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                    |                               |                              |                  |          | +135=                         |                         | OR       | +270=               |                         |
|  |  |   | •                  |                               |                              |                  |          | TOTAL<br>ADDIT. FEE           | 1                       | OR       | TOTAL<br>ADDIT, FEE |                         |
| (Column 1) (Column 2) (Column 3)   |  |   |                    |                               |                              |                  |          |                               |                         |          |                     |                         |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                    | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>EQR | PRESENT<br>EXTRA |          | RATE                          | ADDI-<br>TIONAL<br>FEE  |          | RATE                | ADDI-<br>TIONAL<br>FEE  |
|  | Total .  | . 44  | Minus              | /8                            | 71                           | =                | ] .      | X\$ 9=                        |                         | OR       | X\$18=              |                         |
|  | Independent                                    | NTATION OF MI                               | Minus              |                               | 3 '                          | -                |          | X40=                          |                         | OR       | X80=                |                         |
| Ц_   | FINST PRESE                                    | NIATION OF MI                               | JLIIPLE DEI        | PRIVER                        | CLAIIVI                      |                  | ┛╽       | +135=                         |                         | OR       | +270=               |                         |
|  |  |   |                    |                               | •                            |                  |          | TOTAL<br>ADDIT, FEE           |                         | OR       | TOTAL<br>ADDIT. FEE |                         |
|  |  | (Column 1)                                  |                    | (Colu                         |                              | (Column 3)       | <u> </u> |                               |                         |          |                     |                         |
| AMENDMENT.C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                    | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                          | ADDI-<br>TIONAL<br>FEE  |          | RATE                | ADDI-<br>TIONAL<br>FEE  |
|  | Total  | •   | Minus              | **                            |                              | =                |          | X\$ 9=                        |                         | OR       | X\$18=              |                         |
|  | Independent                                    | •   | Minus              |                               |                              | ]=               | ]]       | X40=                          |                         | OR       | X80=                |                         |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                    |                               |                              |                  |          | +135=                         |                         | 1        | +270=               |                         |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  TOTAL TOTAL TOTAL |  |   |                    |                               |                              |                  |          |                               |                         | OR       | TOTAL               | <b>  </b>               |
| ***  | If the "Highest Nu                             | mber Previously P                           | aid For IN TH      | IS SPACE                      | is less tha                  | n 3, enter "3."  | •        | ADDIT. FEE                    |                         | OR       | ADDIT. FEE          |                         |
| l  | THE MIGHEST NUM                                | nber Previously Pa                          | uru (10ad 0        | n mepend                      | sein) is the                 | ក្រោមខ្មាល       | iai (O(  | ការកា ពេ សម sbl               | лорпасе ос              | ik iii O | AWIEL I.            |                         |